THE RESIDENCE OF STREET STREET,	RECEIVED			
CAMPAIGN TREASUR	RER'S REPORT SUMMAR FFICE			
(1) DONNA M. BOSOLD	2016 JANOFFICANULLE GIOLY			
Name	CITY OF KEY WEST			
(2) P.O. Box 1553	KEY WEST. FLORIDA			
Address (number and street)				
City, State, Zip Code				
	(a) ID Northern 221			
Check here if address has changed	(3) ID Number: 32/			
(4) Check appropriate box(es):	and and come			
	ILITY BOARD, GROUP /			
☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded			
☐ Party Executive Committee (PTY)	☐ Check here if PTY has disbanded			
Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed			
individual making electioneering communications)				
(5) Rep.	ort Identifiers			
Cover Period: From 16 1 00 1 00/5	To 01 1 04 1 2016 Report Type: TR			
	Special Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
•	Monetary 1/05 07			
Cash & Checks \$,,	Expenditures \$, _/ , 405 . @7			
Loans \$, , O .	Transfers to			
200110	Office Account \$, , .			
Total Monetary \$, , O .				
Particular Control of	Total Monetary \$, 1 , 405 . 07			
In-Kind \$, ,				
	(8) Other Distributions			
	\$,			
	40 7074 4 7 7 7			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$, 3_, 401.00	\$, _3, _40/00			
(11) (Certification			
	erson to falsify a public record (ss. 839.13, F.S.)			
I certify that I have examined this report and it is true, or	correct, and complete:			
(Type name) JONNA M. BOSOLO □ Individual (only for IE Treasurer □ Deputy Treasurer	(Type name) PONNA M. BOSOLD Candidate Chairperson (only for PC and PTY)			
or electioneering comm.)	A candidate			
(1)) 1 72	() R			
X Dorold	X booked			
Signature	Signature			

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURE	R'S REPORT – ITEMIZED EXPENDITURES (2) I.D. Number
(1) Name OONNA M. BOSOLD	(2) I.D. Number
(3) Cover Period 10 1 02 12015 through	n <u>0/ 1 04 1 20/6</u> (4) Page / of /

(5) Date Full Name (6) Sequence Number (Cast, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount	
					10 15 115
d 104116 2	POSOLD, DONNA P.O. BOX 1553 HEY WEST, FL 33047		RMB		t1,254.10
3	HABITAT FOR HUMANITY, LOWER KEYS 6631 MALONEY AUG. KEY LEST, FL 33040		015		1150.00
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